



[Web Version](#) | [Update preferences](#) | [Unsubscribe](#)

 [Forward](#)



**White Wreath Association Ltd<sup>®</sup>**  
“Action against Suicide”

**NEWSLETTER**

ABN 50 117 603 442

#### TABLE OF CONTENTS

- [DIRECTOR'S REPORT](#)
- [SUICIDE STATISTICS 2016](#)
- [PETER NEAME, Research Officer, White Wreath Association Ltd](#)
- [AUSTRALIA](#)
- [QUEENSLAND](#)
- [NATIONAL](#)
- [WORLD NEWS](#)
- [UK](#)
- [USA](#)
- [USA](#)
- [A FRIEND 4 ME MY STORY](#)
- [KELLY's JOURNAL CONTINUED](#)
- [STORY](#)
- [COMING EVENTS](#)
- [WHITE WREATH DAY](#)
- [WEAR WHITE AT WORK](#)
- [HUMOUR](#)
- [WISH LIST](#)

#### IN OTHER NEWS

#### Download PDFs

[White Wreath Day](#)

[Wear White at Work](#)

[Like us](#)

## DIRECTOR'S REPORT



Photo credits: Sanja Gjenaro, freemages.com

Reform of the nation's mental health system has been proclaimed as a core policy of both our political parties.

The Liberal Party has promised “**significant structural reform of the mental health system**”, while the Labor Party has sign-posted “**making mental health a national priority**” and set a target of program delivery in its first 100 days.

Both parties have said they will implement recommendations of last year's National Mental Health Commission's lengthy review of mental health services.

The Federal Government's Health Minister, Sussan Ley, announced in November last year a series of reforms to be rolled out over a three-year period between 2016 and 2019.

It is to be hoped the Government will start introducing these reforms before the next Federal election, which has to be called on or before January 14 next year.

If this is not done, Australian voters can be excused for doubting the validity of these so-called reforms.

In the 17 years, White Wreath Association has been formed I have lost count of the number of national inquiries into the mental health system.

They have all highlighted that existing mental health programs are fragmented and disjointed. All have promised major changes to build



Follow us



the best system possible for mental health patients.

After the kudos have been taken, the end result has been a diffusion of services and closure of mental health facilities.

An example of the money wasted on government inquiries into mental health is the Senate's select committee on mental health report from 30 March 2006, titled a National Approach to Mental Health – From Crisis to Community.

Ten years later the issues have still not been resolved.

Going back to 2003, the Mental Health Council of Australia issued a report, **“Out of hospital, Out of Mind”**. The then Chairperson, Mr **Keith Wilson**, said the findings were that there was **“poor government administration and accountability, lack of ongoing government commitment to genuine reform and failure to support the degree of community development required to achieve high quality mental health care outside institutions”**

I cannot see that anything has changed for the better since then.

White Wreath Day – In Commemoration and Remembrance of All Victims of Suicide – and Wear White at Work Day will be held this year on 29 May. **A gold coin donation to White Wreath Association is requested, please.**

**Fanita Clark**  
**CEO**

## **SUICIDE STATISTICS 2016**

Figures compiled by the Australian Bureau of Statistics show there were 2864 deaths in Australia from intentional self-harm in 2014.

The ABS says about 75.4 per cent of people who died by suicide were male, with deaths due to intentional self-harm occurring at the rate of 12 per 100,000 population.

White Wreath Association, and many other organisations, has long disputed the accuracy of the ABS figures.

The number of people suiciding in Australia is four times worse than recorded statistics show because coroners are not classifying deaths as suicide to protect families.

The coroners' role is to determine the cause of death – not the circumstances leading to the death.

Families are taken into consideration by coroners and that is why it is difficult for the coroner to admit that this is a suicide.

Coroners know that many, many deaths presented to them are suicides, but they have to determine the causes of death, not the circumstances leading to the death, so that is why the system fails.

This disturbing fact is not new. A Senate inquiry in 2010 found that

suicide numbers were being significantly under-reported as a result of uncertainty around colonial inquests.

In addition, a research paper written in 2013 by Gordon Tait and Belinda Carpenter, from Queensland University of Technology, found that: "The Coroners are often placed under significant pressure throughout the proceedings by the deceased's family not to bring in a finding of suicide."

A search of the Internet will bring up many instances of psychiatrists who support White Wreath's belief that the suicide figures are far higher than the official figures.

The same situation applies overseas. The director of research at the National Suicide Research Foundation in Ireland told a conference in February that:

"At least one-third of single vehicle road traffic accidents and a certain proportion of 'accidental' poisonings and drowning in Ireland may be hidden cases of suicide."

Ireland is currently undertaking two research projects to ascertain the true incidence of suicides taking place there every year.

Over the years, numerous Australian parliamentary inquiries into suicide have come up with many policies, but their recommendations are never implemented.

A public outcry would ensue if the true figures on suicide were ever revealed.

## **PETER NEAME, Research Officer, White Wreath Association Ltd**



It is time to go back and reaffirm why we started white wreath in 1999.

In 1999 following the tragic death, of her son, by suicide, Fanita Clark decided to educate herself about Suicide and Mental health. She discovered my book Suicide and Mental Health in Australia and New Zealand, contacted me to see if I could help her and her family and friends to set up White Wreath Action Against Suicide and the rest as they say is history.

17 years later the issues remain the same. They are:-

1. Mentally ill people still have major difficulties in being able to get early help.
2. Early intervention including accurate assessment and hospitalisation is the most and probably the only effective prevention of suicide.
3. Males suffering from schizophrenia are 9.56 times or 9.56% more likely to commit suicide than members of public. Females suffering

from schizophrenia are 6.26 times or 6.26% more likely to commit suicide than members of the public. It is quite wrong to say that depression is the main cause of suicide.

4. Most people who are seriously mentally ill do not know how unwell they are and will not seek help. Families are generally the people who first seek help.
5. Internationally it is recognised that 93-96% of those who commit suicide have a recognised mental illness and were known to mental health/social services.
6. Deinstitutionalisation / "care in the community" / "mainstreaming" of mental health services led to the wholesale closure of mental health Beds.. down from 300 beds per hundred thousand to no medium and long term beds in Australia and NZ. The real number of beds closed were 32,000 in Australia and 10,000 in New Zealand.

I pointed out more than 30 years ago that the closure of beds severely restricted access to mental health care. The bureaucratic word for this restriction of access is "gate-keeping" and in my opinion it is the sole reason for the high suicide rate. If the "community" was the best place to treat mental illness why did people get ill in the first place. The whole dogma of "care in the Community" was a deliberate public lie.

Image from [Brisbane Times Website](#)

## AUSTRALIA

---

### QUEENSLAND

#### **Queensland has higher suicide rate.**

For the first time, Queensland has a report on the state of our mental health and well-being.

The report brings together a range of data from State and national bodies and confirms that while Queenslanders use illicit drugs and experience mental health problems at similar levels to other Australians, Queensland has higher rates of suicide, risky alcohol consumption and daily tobacco smoking.

The Queensland Mental Health Commission's 2015 Performance Indicators report provides the first comprehensive set of measures to benchmark improvements in mental health and well-being.

Queensland Mental Health Commissioner Dr Lesley van Schoubroeck said the report contained a mix of good and bad news.

"Improving mental health and well-being is not a quick-fix," Dr van Schoubroeck said.

"It requires systemic change and collective actions by all levels of government, the non-government sector, private industry and communities

communities.

“We need to look beyond the health and mental health sectors and include all sectors that influence the social and economic conditions in which Queenslanders live. We’ve seen excellent examples of this in the area of social housing.”

The 2015 Performance Indicators report identified that a greater proportion of Queenslanders living with mental health conditions are unemployed, experience discrimination and have cardiovascular disease – a major risk factor for early death.

In 2014 a slightly higher proportion of Queenslanders (18.7 per cent) reported experiencing a mental health condition than the national percentage (18.2 per cent).

Nearly one in three Queenslanders living with a mental health condition reported experiencing discrimination or unfair treatment.

Dr van Schoubroeck said: “I am disappointed that stigma and discrimination continue to cast a long shadow on the journey to recovery for Queenslanders with mental health conditions. Every one of us can do something about this.

“The indicators in this report align with the outcomes sought in the Queensland Mental Health, Drug and Alcohol Strategic Plan 2014-2019.

“Together with research and the views of those with a lived experience, their families and carers and other stakeholders, this report will help drive and direct future work to improve outcomes for all Queenslanders living with mental health problems, mental illness and problematic alcohol and other drug use.”

Source: Queensland Mental Health Commission, 16 December 2015.

## NATIONAL

### Spending on mental health services hits \$8 billion

Expenditure on mental health-related services in Australia has increased in recent years, according to a new report released by the **Australian Institute of Health and Welfare (AIHW)**.

The report, *Mental Health Services in Australia*, shows that over \$8 billion was spent nationally on mental health services in 2013–14 in Australia—equivalent to \$344 per person across the population.

Of this \$8 billion funding, 60 per cent was provided by state and territory governments, 36 per cent by the Australian Government and 4 per cent by private health insurance funds. This distribution has remained relatively stable over the past five years.

Adjusted for inflation, the funding from the Australian Government for mental health-related services increased on average by 4.7 per cent annually over the period 2009–10 to 2013–14.

Funding from state and territory governments also increased over the same period, but by a smaller average annual amount (2.6 per cent).

Spending on state and territory specialised mental health services totalled \$4.9 billion for 2013–14.

“The largest proportion of this state/territory government recurrent expenditure was spent on public hospital services for admitted patients (\$2.1 billion), followed by expenditure on community mental health care services (\$1.9 billion),” said AIHW spokesperson Tim Beard.

“In 2013–14, the Australian Government spent an estimated \$971 million in benefits for Medicare-subsidised mental health-related services—this equated to 1 in 20 (5 per cent) of all Medicare subsidies.

“There was also an estimated \$753 million spent on subsidised prescriptions under the Pharmaceutical Benefits Scheme/Repatriation Pharmaceutical Benefits Scheme (making up 8.1 per cent of all PBS/RPBS subsidies).

“Expenditure on psychologist services made up the largest component of mental health-related Medicare subsidies (43 per cent), and prescriptions for antipsychotics and antidepressants accounted for the majority of mental health-related PBS/RPBS expenditure during this period (57 per cent and 36 per cent, respectively).”

Specialised mental health services for admitted patients were provided by 159 public hospitals during 2013–14.

These facilities had 6,91 specialised mental health beds available, and provided care to admitted patients for over 2.1 million patient days.

In addition, 63 private hospitals delivered specialised mental health services, providing 2593 specialised mental health service beds.

There were 2427 residential mental health service beds available during 2013–14, with almost two-thirds provided in government operated services.

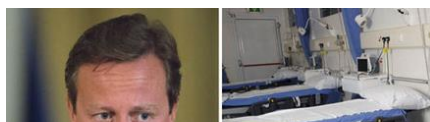
There were over 30,500 full-time-equivalent staff employed in state and territory specialised mental health care services in 2013–14, equating to 131 FTE staff per 100,000 people, with over half of these (51%) being nurses.

Source: AIHW, 2 February 2016

## WORLD NEWS

---

### UK



**MENTAL health services have been plunged into crisis by government cuts**



to community support and a huge loss of beds in specialist units, experts warn.

Patients have been left to cope alone as up to 15,000 beds have vanished in the past 15 years, while mental health trusts in England have had £600million slashed from their budgets in five years. Vulnerable people are forced to travel miles to get support as units are shut and crisis teams merged to save money. Experts have warned that 75 per cent of patients do not get the treatment they need, as services unravel in the face of relentless budgetary pressure.

Successive governments have tried to shift mental health programmes into the community and the number of overnight beds available has plunged from 34,124 in 2001 to 19,249 last year. Mind, the mental health charity, has revealed the number of people seeking community help has jumped by almost 500,000 a year to 1.7 million since 2010.

Paul Farmer, Mind chief executive, said: "NHS mental health services are under enormous pressure. Underfunded for decades, they have been the victim of fresh funding cuts at a time of rising demand, leaving some services close to crisis point."

"The consequence is a compromise in the care and support given to people who are unwell. It is not surprising that suicides have risen, in particular among people sent out of their local area for care and in touch with crisis teams."

Suicide is now the leading cause of death in men under 50 in the UK. Community based support is patchy and has long waiting lists as more people require help, the Rethink Mental Illness charity stated.

Brian Dow, its director of external affairs, said: "By 2030 there will be approximately two million more adults in the UK with mental health problems than today. And yet mental health remains a neglected service.

"Over the last five years we've seen funding cut, in real terms, by £600million, and this is coming home to roost."

He said that although the Government had promised more funding, it was "a gap-plugging exercise" that merely put money back where it had been lost previously.

It wants more care available in the community to save money and improve treatment. But critics claim schemes are disjointed and can leave vulnerable patients struggling to find help.

"When you're unwell, the lack of mental health beds is a major problem and we hear from supporters time and time again how they have been turned away or sent miles from home, just to get to somewhere safe," added Mr Dow.

The Government's approach has been dubbed economic folly as research has shown that every £1 spent on services can save the nation £15 by heading off the need for greater social and health care.



Prime Minister David Cameron unveiled almost £1billion of health improvement measures this month. Included was £400million for community treatment and £290million for mental health care for mothers. NHS England's mental health taskforce has devised a five-year strategy to tackle problems and reduce the rising suicide rate.

"The rhetoric around mental health is finally where it needs to be – we are having the right conversations and beginning to see changes to funding and delivery but these are just the early stages of what needs to be a big turnaround," added Mr Farmer.

"Without significant – and urgent – investment, services can't recover and start giving people the help they need, when they need it."

Source: DANNY BUCKLAND

PUBLISHED: 00:01, Sun, Jan 31, 2016

## USA

### TREATMENT ADOCACY CENTRE

My name is Anthony Hernandez and I'm the parent of a son with severe mental illness. In September of 2014, my beloved son violently attacked his mother and me during a psychotic episode. I won't go in to all of the details of that tragic night. I will tell you that my son, Aaron, had been hospitalized eight times in the 2 ½ years leading up to that night. I will tell you that my wife and I felt helpless in our struggles to get Aaron the care that he desperately needed but refused. I will tell you that the broken mental health system we continuously came up against nearly broke us as a family.

Aaron spent almost a year in jail after the attack. Aaron is 20 years old now; he pled not-guilty by reason of insanity and has been sent to a state psychiatric hospital for treatment. My son that I raised is back, his mind is sound and his thoughts are clear. I am experiencing a blessing that I had prayed for all of these years.

I recognize how lucky my Aaron is that the public defender, prosecutor, and judge were willing to work together and make the exceptional decision to move Aaron from jail to a state hospital. Rarely are inmates in Aaron's situation given this opportunity.

## USA



The memory that haunts me is sitting with my infant son and daughter, playing after bath time. I don't remember the game. They would have been in their pyjamas, giggling as they copied each other tumbling or hiding,

happy to have Mummy home from work.



I was thinking about the best way to kill myself.

Mostly this memory makes me feel something like grief, but sometimes I feel angry. Angry that the NHS was doing nothing to help me.

When people talk about the failings of the mental health service, I scream inside: "There is no service! There is nobody there for you." The mental health service is not just failing, it is not there. That I am able to write this is not because of the NHS. It is almost despite the NHS. This is not to blame individuals, some of whom have been brilliant. But as a system it is at best a total letdown. At worst it is cruel.

I looked over a precipice and saw nothing but darkness. Looking back I had signs of depression from at least 13, then again at 19, 25, 27 and 30, though I never thought to apply the word to myself. At 27 I had my first persistent thoughts about suicide, triggered by tinnitus. I spent nights lying alone in a double bed, listening to a talking book cassette of Great Expectations, consoling myself that when it got too loud I could kill myself. Responsible reporting forbids naming my choice. Not everybody who thinks they want to kill themselves tries, but you don't know at the time, and it's a scary place to be.

After 30 the feelings became more pervasive. Not permanent, but an undercurrent. My career was flourishing, I got engaged, I lived near good friends and went on cycling holidays. But by the time I got off the tube to go to work some days I could barely walk up the exit steps.

Sometimes I was so paralysed by fear that I'd done my work badly, it would take me hours to leave the house. I spent evenings wandering around the station concourse not knowing where to go. I looked over a precipice and saw nothing but darkness, the logic of which captivated me for years to come.

Twice I saw a GP, and twice I was prescribed antidepressants but never collected the prescription. No one followed it up or offered any other advice. Embarrassed but brittle, I saw a private counsellor for a while. I gained no insight, but at least could spend an hour at a time not having to pretend I felt emptied inside.

Wrong for so many reasons I don't know where to begin.

Despite years of political pledges that things will improve, the NHS mental health "service" seems more overwhelmed than ever. Waiting lists for one-on-one talking therapy are still so long as to be meaningless – a colleague likens the system to offering a pregnant woman a scan in a year's time.

[Read more.](#)

## A FRIEND 4 ME MY STORY

---

## KELLY's JOURNAL CONTINUED

I have a morning shift at work. I finish at 3pm. I phone David when I get home. It's going to be good to spend the night as a family for Good Friday dinner.

David tells me he has made other plans. He and the kids are going to Joanne's for dinner. I ask, what about me. David does not care. He is having a family night with Joanne and our kids. I'm home alone for the night. I have no one once again. I'm so upset. I have some sleeping pills the doctor has given me. I only have a small amount. I had never taken the drug before but I know it's not enough to kill me. I drive around to different shops. I buy 12 boxes of aspirin. I'm thinking the sleeping pills will put me to sleep while the aspirin kills me.

I phone David to let him know his behaviour has killed me. My sister Melissa calls back and tells me if I don't return home she will call the TV station and report me missing on TV. I tell her, I'm heading home and will be there in about an hour. I don't drive home instead I drive to Nelson bay lookout. I turn my phone off and walk into the bush so I can't be found. I take the sleeping pills first. They put me on a high. I'm now off my face. I turn my phone back on and start to talk to people. I'm swallowing the aspirin between phone calls.

The next thing I do I will never forgive myself for. I phone Jo. I can't remember what I said. The sleeping pills have got me so high for a short while. My memory had died here for a while but I had spent the last 2 suicide attempts making sure she would be ok and this time I had thrown that back in her face. I never asked her what I'd said but I do remember her saying you do realize, the police are tracking your phone call. I told her well I had better go then and hung up. I never forgave myself that night. If I had of died how would she of took it. I don't know what I had said. All I had wanted to do was protect her and this one night I fucked all that up.

It's now dark I get back on my phone and talk to David. I can hear someone coming. I tell David to shut up, be quiet. I can see two men in light blue overalls walking over to me. Then I look down and see the German shepherd dog. The second I see that dog I know I'm gone. I look at the man and say "you have came to lock me up" and he says "do you need locking up" and I say "yes" he says "why" and I say "cause I'm killing myself tonight". he asks "how" and I show him the empty aspirin boxes. I had swallowed half of them. I can't walk out of that bush. The police have to assist me. I learn that day the police can really track you with your mobile phone, just like the movies. The first thing I do is phone Jo back and tell her that I'm ok. I remember telling her about the police dog. The only thing I remember her saying was "Man's best friend". I'm taken to the hospital.

## STORY

Losing some-one close to you to suicide is something only those who have experienced it first hand can really understand. And yet, at a time when everyone is feeling such deep loss, harsh words and accusations are thrown with intent to hurt those who are already trying

to comprehend the reality of what has just happened.

Everyone seems to have their own personal views on what events lead to the suicide. Blame towards others seems to be the easier alternative, in order to hide their own deep self doubt that maybe, they themselves could have or should have done or said something to change the present circumstances.

**No one is to blame. This is not murder or an accident. This is suicide, the end result of mental illness. Whether the illness was long-term or short-term, at the time of suicide, a thought disorder was present.**

Why are we so afraid to accept that a loved one just wasn't thinking straight at the time of suicide? Their thought pattern is muddled – will I, won't I. Their final decision is just that – final. Even if you had the chance to give them a million reasons why they shouldn't, their thought process wouldn't accept what you had to say.

**By not blaming others, you also take away that hidden underlying guilt and blame from yourself.**

Living with a gentle soul who was full of dreams, so kind and loving one minute, then turn into someone who was irrational and irresponsible, was very draining for me. I know his family experienced similar experiences, for I've witnessed them myself.

After the death of my fiancé my way of dealing with it was a strong desire to speak out and bring about awareness to those who may be in a similar situation. Once I found the White Wreath Association, I saw it as my opportunity to do something positive in his memory.

**Sadly though, his family did not see it that way. They have chosen to blame me.**

## COMING EVENTS

**DUE TO WHITE WREATH DAY – IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE FALLING ON A SUNDAY 29 MAY 2016 THE WHITE WREATH ASSOC HAS CHOSEN NOT TO HOLD THE MAIN SERVICE IN BRISBANE THIS YEAR .**

**ALL CAN STILL INVOLVE THEMSELVES WITH OUR**

**WEAR WHITE AT WORK CAMPAIGN**

**ON THE 29 MAY MARKING RESPECT TO ALL THOSE THAT HAVE TRAGICALLY TAKEN THEIR LIVES.**

## WHITE WREATH DAY



# NATIONAL WHITE WREATH DAY

29TH MAY

## IN REMEMBRANCE OF ALL VICTIMS OF SUICIDE

National White Wreath Day is held by the White Wreath Association on May 29 in remembrance of all suicide victims. Services are held nationally to commemorate this important event. Thousands of white wreaths are laid in remembrance of each individual who has died tragically by suicide circumstances.

We have to come to terms with the trauma of thousands of men, women and children suiciding every year. The hurt felt by those left behind by these tragedies is no less traumatic than other kinds of medical and social tragedies; yet society's response and the help offered is vastly different. It seems that most people do not care or understand that the families and friends of suicide victims are just as deserving of understanding and respect. White Wreath has been creating an awareness in the wider community on misconceptions about suicide/mental illness and the lack of appropriate treatment readily available to people who feel suicidal.

### HOW TO GET INVOLVED?

On White Wreath Day on May 29 we invite people who have lost loved ones or close friends by the tragic means of suicide to lay wreaths and include photographs, flowers, poems and sentimental memorabilia to honour their loved ones. White wreaths and tags will be available at the services in your state. Visit our website, [www.whitewreath.com](http://www.whitewreath.com) or email [white.wreath@bigpond.com](mailto:white.wreath@bigpond.com) if you wish to make a donation.

WE ARE CONTACTABLE 24 HOURS A DAY  
FOR ASSISTANCE AUSTRALIA-WIDE ON

**1300 766 177**

TOGETHER WE CAN FIGHT TO REDUCE THE NUMBER OF SUICIDE DEATHS.

## WEAR WHITE AT WORK



White Wreath Association Ltd®  
"Action Against Suicide"®

### WEAR WHITE AT WORK

Third Full Week in October Yearly

To get you workplace involved in "Wear White at Work" Call 1300 766 177 or visit [whitewreath.com](http://whitewreath.com)

Donate a gold coin to show your support for mental illness sufferers and the family of the suicide victims.

Mo: 0401 526 562 email: [white.wreath@bigpond.com](mailto:white.wreath@bigpond.com)  
A.C.N.: 50117603442

## HUMOUR



### 10 Facts About You:



1. You're reading this now.
2. You're realising that this is a stupid fact.
4. You didn't notice I skipped number 3.
5. You're checking now.
6. You're smiling.
7. You're still reading this even though it is stupid.
9. You didn't realise I skipped number 8.
10. You're checking again and smiling because you fell for it again.
11. You're enjoying this.
12. You didn't realise I said 10 facts not 12.

---

### Story

An eagle was sitting on a tree resting, doing nothing. A small rabbit saw the eagle and asked him, "Can I also sit like you and do nothing?"

The eagle answered, "Sure , why not."

So the rabbit sat on the ground below the eagle and rested.

All of a sudden, a fox appeared, jumped on the rabbit and ate it.

**Moral of the story:** To be sitting and doing nothing, you must be sitting very, very high up.

## WISH LIST

Petrol Gift Cards, Stamps, Volunteers Aust/Wide

**OR YOU MAY LIKE TO DONATE**

**DONATIONS TAX DEDUCTIBLE**

1. Via our **credit card** facility posted on our Website [www.whitewreath.com](http://www.whitewreath.com) then follow the instruction.

2. Directly/**Direct Transfer** into any Westpac Bank  
Account Name White Wreath Association Ltd  
BSB No 034-109 Account No 210509

3. **Cheque/Money Order** to White Wreath Association Ltd  
PO Box 1078  
Browns Plains Qld 4118

You are receiving this email because you subscribed to White Wreath Association newsletter or a friend forwarded it to you.

**[Edit your subscription](#) | [Unsubscribe](#)**

WHITE WREATH  
ASSOCIATION Ltd®  
Action Against Suicide  
A.C.N. 117 603 442  
Head Office: PO Box 1078  
Browns Plains, QLD 4118